

PLACE OF BIRTH

1. County of Gila  
District of Gridley  
Town of Rice  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child John Goode (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 5 9 25  
Month Day Year

8. FATHER  
Full name Robert Goode

14. MOTHER  
Full maiden name Emma Vance

9. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

15. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 58 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 48 (Years)

12. Birthplace (city or place) Rice  
(State or country) Ariz

18. Birthplace (city or place) Rice  
(State or country) Ariz

13. Occupation  
Nature of industry Farmer

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 4 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was born alive at (?) m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature D. H. Sawyer M.D. (Physician or midwife)  
Address San Carlos Ariz

Given name added from a supplemental report. Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

175-509-555